

5229 8054

O F F I C I A L   U S E		
Postage	\$	Postmark Here  1:02-CR-156(1) DOC. 107 3/18/05
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To KAREN PARKER 03667-061  
Street, Apt. No.; or PO Box No. FMC SATELLITE CAMP P.O. BOX 14525  
City, State, ZIP+4 LEXINGTON, KY 40512

PS Form 3800, April 2002

See Reverse for Instructions